

REMITTANCE AND STATUS REPORT

EDS - Fiscal Agent for
Wisconsin Medicaid
6406 Bridge Road
Madison, WI 53784

Automated Voice Response
Provider Service
Eligibility

(800) 947-3544 (608) 221-4247
(800) 947-9627 (608) 221-9883
(608) 221-9254

I.M. BILLING
1 W. WILLIAMS
ANYTOWN, WI 55555

PAYMENT ID NUMBER 87654321

REPORT SEQ NUMBER 3

DATE 06/03/99

R/S NUMBER 1234567

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PATIENT NAME/ID NUMBER				MEDICAL RECORD NO		ACCOUNTING NO		CLAIM NUMBER		TOTAL ALLOWED	OTHER DEDUCTED CHARGES	COPAY	PAID AMOUNT	EOB CODES	
SERVICE DATES FROM TO	U D	N S	PERF PROVI RX NUMBER	DAYS QTY	T S	PROC/ACCOM/ DRUG CDE/I/M1 M2	PROCEDURE/ACCOMODATION/DRUG DESCRIPTION	TOTAL BILLED							
ADJUSTMENT TO CLAIMS															
RECIPIENT IM/123456789C 112599 112599				100		1 99201	399892XXXXXXXXXX	2200	00	00	00	00	00	743 80	
1 123 THIS IS AN ADJUSTMENT TO PREVIOUS CLAIM 209890XXXXXXXXX PAID ON 122699 RECIPIENT 1234567890 112599 112599				100		1 99201	2090890XXXXXXXXX	-2200	-16 23	00	-100	-1523	1	8	
3 CLAIM TOTAL								-2200	-16 23	00	-100	-1523			
601 RECEIVABLE ESTABLISHED FOR A BALANCE OF \$15.23 WHICH WILL BE WITHHELD FROM FUTURE PAYMENTS CLAIM TYPE SUB-TOTAL				2				00	-1523						
PAID CLAIM TOTALS				1				2200	00		00				
CLAIMS PAYMENT SUMMARY															
CURRENT PROCESSED				1			CLAIMS AMOUNT	00			00		NET 1099 AMOUNT	00	
YEAR-TO-DATE TOTAL				2			00	00			00		00		
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED ABOVE 80 SERVICE(S) DENIED DIAGNOSIS SUBMITTED DOES NOT INDICATE MEDICAL NECESSITY. 118 PAYMENT RECOUPED FOR PREVIOUS CLAIM INCORRECTLY PAID. NO ACTION REQUIRED 281 RECIPIENT MEDICAL ASSISTANCE IDENTIFICATION NUMBER IS INCORRECT. PLEASE VERIFY AND CORRECT THE MEDICAL ASSISTANCE NUMBER AND RESUBMIT CLAIM. 743 THIS ADJUSTMENT WAS INITIATED BY EDX/DHCF STAFF. IT CORRECTS A MISPAYMENT FOUND DURING CLAIMS PROCESSING OR RESULTING FROM RETROACTIVE FILE CHANGES.															

Appendix 11
Sample Remittance and Status (R/S) Report Displaying an Adjusted Claim

Refer to Appendix 12 of this section for information on reading R/S Reports displaying an adjusted claim.